

## PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) PHM/CM/BR049573

## Box No. I TITLE OF INVENTION

REMOVABLE ATTACHMENT FOR A ROCK BREAKER

## Box No. II APPLICANT

 This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MONTABERT

203 route de Grenoble  
69800 SAINT PRIEST

FRANCE

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box for the purposes of:

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Monsieur JALABERT Gilles

12, Rue V. Sardou  
69007 LYON

FRANCE

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box for the purposes of:

 Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Telephone No.

04.72.69.84.30

Facsimile No.

04.72.69.84.31

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III

## FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Monsieur VALVERDE Paul  
Chemin de Poulieu  
38540 GRENAVE

FRANCE

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FRANCE

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

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This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Box No. V DESIGNATIONS**

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- DE Germany is not designated for any kind of national protection
- KR Republic of Korea is not designated for any kind of national protection
- RU Russian Federation is not designated for any kind of national protection

*(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)*

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:*	international application: receiving Office
item (1) 18/02/2004	04.01622	FRANCE		
item (2)				
item (3)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items  item (1)  item (2)  item (3)  other, see Supplemental Box

\*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /EP

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)	Number	Country (or regional Office)
18/August/2004	FA 646711	FRANCE

**Box No. VIII DECLARATIONS**

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:	:

## Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items																																	
<p>(a) on paper, the following number of sheets:</p> <table> <tr><td>request (including declaration sheets)</td><td>: 4</td><td><input checked="" type="checkbox"/> fee calculation sheet</td><td>: 1</td></tr> <tr><td>description (excluding sequence listings and/or tables related thereto)</td><td>: 9</td><td><input type="checkbox"/> original separate power of attorney</td><td>:</td></tr> <tr><td>claims</td><td>: 2</td><td><input type="checkbox"/> original general power of attorney</td><td>:</td></tr> <tr><td>abstract</td><td>: 1</td><td><input type="checkbox"/> copy of general power of attorney; reference number, if any: _____</td><td>:</td></tr> <tr><td>drawings</td><td>: 5</td><td><input type="checkbox"/> statement explaining lack of signature</td><td>:</td></tr> <tr><td><b>Sub-total number of sheets</b></td><td><b>: 21</b></td><td><input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____</td><td>:</td></tr> <tr><td>sequence listing</td><td>: _____</td><td><input type="checkbox"/> translation of international application into (language): _____</td><td>:</td></tr> <tr><td>tables related thereto (for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below)</td><td>: _____</td><td><input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td><td>:</td></tr> <tr><td><b>Total number of sheets</b></td><td><b>: 21</b></td><td><input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)</td><td>:</td></tr> </table>		request (including declaration sheets)	: 4		<input checked="" type="checkbox"/> fee calculation sheet	: 1	description (excluding sequence listings and/or tables related thereto)	: 9	<input type="checkbox"/> original separate power of attorney	:	claims	: 2	<input type="checkbox"/> original general power of attorney	:	abstract	: 1	<input type="checkbox"/> copy of general power of attorney; reference number, if any: _____	:	drawings	: 5	<input type="checkbox"/> statement explaining lack of signature	:	<b>Sub-total number of sheets</b>	<b>: 21</b>	<input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____	:	sequence listing	: _____	<input type="checkbox"/> translation of international application into (language): _____	:	tables related thereto (for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below)	: _____	<input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:	<b>Total number of sheets</b>	<b>: 21</b>	<input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)
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claims	: 2	<input type="checkbox"/> original general power of attorney	:																																		
abstract	: 1	<input type="checkbox"/> copy of general power of attorney; reference number, if any: _____	:																																		
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<b>Total number of sheets</b>	<b>: 21</b>	<input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)	:																																		
<p>(b) <input type="checkbox"/> only in electronic form (Section 801(a)(i))</p> <ul style="list-style-type: none"> <li>(i) <input type="checkbox"/> sequence listing</li> <li>(ii) <input type="checkbox"/> tables related thereto</li> </ul> <p>(c) <input type="checkbox"/> also in electronic form (Section 801(a)(ii))</p> <ul style="list-style-type: none"> <li>(i) <input type="checkbox"/> sequence listing</li> <li>(ii) <input type="checkbox"/> tables related thereto</li> </ul> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> sequence listing _____</li> <li><input type="checkbox"/> tables related thereto _____</li> </ul> <p>(additional copies to be indicated under item 9(ii) and/or 10(ii), in right column)</p>		<p>1. <input checked="" type="checkbox"/> fee calculation sheet</p> <p>2. <input type="checkbox"/> original separate power of attorney</p> <p>3. <input type="checkbox"/> original general power of attorney</p> <p>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: _____</p> <p>5. <input type="checkbox"/> statement explaining lack of signature</p> <p>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____</p> <p>7. <input type="checkbox"/> translation of international application into (language): _____</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</p> <p>9. <input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</p> <p>10. <input type="checkbox"/> tables in electronic form related to sequence listing (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-<i>quarter</i>) only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-<i>quarter</i>)</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</p> <p>11. <input type="checkbox"/> other (specify): _____</p>																																			

Figure of the drawings which should accompany the abstract:

Language of filing of the international application: FRENCH

## Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

For receiving Office use only			
1. Date of actual receipt of the purported international application:		<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			
4. Date of timely receipt of the required corrections under PCT Article 11(2):			
5. International Searching Authority (if two or more are competent):	ISA /		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

See Notes to the request form